

Attachment A

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA**

DARRELL WILLIAMS

Your full name Plaintiff

**STATE CIVIL RIGHTS COMPLAINT
PURSUANT TO 42 U.S.C. § 1983**

v.

Civil Action No.: 5:20-cv-19
(To be assigned by the Clerk of Court)

WARDEN COAKELY, A.W KEYS,
COUNSELOR F. VANKIRK, UNIT
MANAGER M. BRIDGES, SIS SUE DOE,
CAPT. JOHN DOE, CASE MANAGER
JOHN DOE, C.O JOHN DOE, C.O
JOHN DOE, C.O JOHN DOE, THE UNITED
STATES OF AMERICA Defendants
Enter above the full name of defendant(s) in this action

 FILED

AUG 28 2020

U.S. DISTRICT COURT-WVND
WHEELING, WV 26003

I. JURISDICTION

This is a civil action brought pursuant to **42 U.S.C. § 1983**. The Court has jurisdiction over this action pursuant to Title 28 U.S.C. §§ 1331 and 2201.

II. PARTIES

In Item A below, place your full name, inmate number, place of detention, and complete mailing address in the space provided.

A. Your Name: DARRELL WILLIAMS

Inmate No.: 26008-044

Address: P.O Box 4000, Springfield, MO 65801

In Item B below, place the full name of each defendant, his or her official position, place of employment, and address in the space provided.

B. Name of Defendant: Warden J. Coakely

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B. Name of Defendant: Warden J. Carkel,
Position: Warden
Place of Employment: USP HAZ
Address: P.O. Box 450, Bruceton Mills, WV 26525

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? Yes No

If your answer is "YES," briefly explain: _____

N/A

B.1 Name of Defendant: Keys
Position: new
Place of Employment: USP HAZ
Address: P.O. Box 450 Bruceton Mills, WV 26525

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? Yes No

If your answer is "YES," briefly explain: _____

N/A

B.2 Name of Defendant: F. Van Kirk
Position: counselor
Place of Employment: USP HAZ
Address: P.O. Box 450 Bruceton Mills, WV 26525

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? Yes No

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If your answer is "YES," briefly explain: _____

N/A

B.3 Name of Defendant: m. bridges
Position: UNIT MANAGER USP HAZ
Place of Employment: UNIT MANAGER
Address: PO Box 450, Bruceton Mills, WV 26525

Was this Defendant acting under the authority or color of federal state
law at the time these claims occurred? Yes No

If your answer is "YES," briefly explain: _____

n/a

B.4 Name of Defendant: SUE DOE
Position: STS TECH
Place of Employment: USP HAZ
Address: PO Box 450, Bruceton Mills, WV 26525

Was this Defendant acting under the authority or color of federal state
law at the time these claims occurred? Yes No

If your answer is "YES," briefly explain: n/a

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B.6 Name of Defendant: JOHN DOE
Position: CAPT.
Place of Employment: USP HAZ
Address: PO BOX 450, BRUCETON MELLS, WV 26525

Was this Defendant acting under the authority or color of federal state
law at the time these claims occurred? Yes No

If your answer is "YES," briefly explain: w/p

B.7 Name of Defendant: JOHN DOE
Position: BASE MANAGER
Place of Employment: USP HAZ
Address: PO BOX 450 BRUCETON MELLS, WV 26525

Was this Defendant acting under the authority or color of federal state
law at the time these claims occurred? Yes No

If your answer is "YES," briefly explain: w/p

B.8 Name of Defendant: JOHN DOE
Position: C.O.
Place of Employment: USP HAZ
Address: PO BOX 450 BRUCETON MELLS, WV 26525

Was this Defendant acting under the authority or color of federal state
law at the time these claims occurred? Yes No

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If your answer is "YES," briefly explain: MIA

B.9 Name of Defendant: JOHN DOE

Position: C.O.

Place of Employment: USP HAZ

Address: PO BOX 450, BUCKTON MILE 6, WV 26225

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? Yes No

If your answer is "YES," briefly explain: MIA

B.10 Name of Defendant: JOHN DOE

Position: C.O.

Place of Employment: USP HAZ

Address: PO BOX 450 BUCKTON MILE 6, WV 26225

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? Yes No

If your answer is "YES," briefly explain: MIA

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B. 10 Name of Defendant: UNITED STATES OF AMERICA
Position: U/R
Place of Employment: U/R
Address: U/R

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? Yes No

If your answer is "YES," briefly explain: ✓/K

III. PLACE OF PRESENT CONFINEMENT

Name of Prison/ Institution:

A. Is this where the events concerning your complaint took place?
□ Yes No

If you answered “NO,” where did the events occur?

B. Is there a prisoner grievance procedure in the institution where the events occurred? Yes No

C. Did you file a grievance concerning the facts relating to this complaint in the prisoner grievance procedure?

Yes No

D. If your answer is "NO," explain why not: ✓/A

E. If your answer is "YES," identify the administrative grievance procedure number(s) in which the claims raised in this complaint were addressed

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and state the result at level one, level two, and level three. **ATTACH GRIEVANCES AND RESPONSES:**

LEVEL 1 954376-F1 Denied see EXHIBIT # 1

LEVEL 2 954376-R1 Denied see EXHIBIT # 2

LEVEL 3 954376-A1 Denied see EXHIBIT # 3

IV. PREVIOUS LAWSUITS AND ADMINISTRATIVE REMEDIES

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? Yes No
- B. If your answer is “YES”, describe each lawsuit in the space below. If there is more than one lawsuit, describe additional lawsuits using the same format on a separate piece of paper which you should attach and label: “IV PREVIOUS LAWSUITS”

1. Parties to this previous lawsuit:

Plaintiff(s): N/A

Defendant(s): N/A

2. Court: N/A

(If federal court, name the district; if state court, name the county)

3. Case Number: N/A

4. Basic Claim Made/Issues Raised: N/A

5. Name of Judge(s) to whom case was assigned:

N/A

6. Disposition: N/A

(For example, was the case dismissed? Appealed? Pending?)

7. Approximate date of filing lawsuit: N/A

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8. Approximate date of disposition. Attach Copies: n/a

C. Did you seek informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part B?

Yes No

D. If your answer is “YES,” briefly describe how relief was sought and the result. If your answer is “NO,” explain why administrative relief was not sought.

n/a

E. Did you exhaust available administrative remedies?

Yes No

F. If your answer is “YES,” briefly explain the steps taken and attach proof of exhaustion. If your answer is “NO,” briefly explain why administrative remedies were not exhausted.

n/a

G. If you are requesting to proceed in this action *in forma pauperis* under 28 U.S.C. § 1915, list each civil action or appeal you filed in any court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using the same format on a separate sheet of paper which you should attach and label “G. PREVIOUSLY DISMISSED ACTIONS OR APPEALS”

1. Parties to previous lawsuit:

n/a

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Plaintiff(s): n/a

Defendant(s): n/a

2. Name and location of court and case number:

n/a

3. Grounds for dismissal: frivolous malicious
 failure to state a claim upon which relief may be granted n/a

4. Approximate date of filing lawsuit: n/a

5. Approximate date of disposition: n/a

V. STATEMENT OF CLAIM

*State here, as **BRIEFLY** as possible, the facts of your case. Describe what each defendant did to violate your constitutional rights. You must include allegations of specific wrongful conduct as to EACH and EVERY defendant in the complaint. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, you must number and set forth each claim in a separate paragraph. UNRELATED CLAIMS MUST BE RAISED IN SEPARATE COMPLAINTS WITH ADDITIONAL FILING FEES. NO MORE THAN FIVE (5) TYPED OR TEN (10) NEATLY PRINTED PAGES MAYBE ATTACHED TO THIS COMPLAINT. (LR PL 3.4.4)*

CLAIM 1: Violation of Plaintiff's 5th, 8th, and 14th Constitutional Rights.

Supporting Facts: On 04-18-19, I was transferred from USP TSP to USP HAZ.

SEE CONTINUED
SUPPORTING FACTS.

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Upon my arrival, and during intake screening, at USP HA2, I informed SCS Tech Jane Doe that I feared being placed into general population, (G-P), because I had previously been assaulted by Mid-West inmates, and a hit had been placed on my life, by mid-west federal inmates, because there was paperwork in possession of mid-west inmates.

CLAIM 2: (SEE EXHIBIT 4)

(CONTINUED ATTACHED PAGES)

n/a

Supporting Facts: n/a

CLAIM 3: n/a

n/a

CLAIM 4: n/a

Supporting Facts: n/a

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CLAIM 5: n/a

Supporting Facts: n/a

VI. INJURY

Describe **BRIEFLY** and **SPECIFICALLY** how you have been injured and the exact nature of your damages.

Suffers serious personal injuries, pain and suffering, loss of life's pleasure, and emotional distress, etc

VII. RELIEF

State **BRIEFLY** and **EXACTLY** what you want the Court to do for you. *Make no legal arguments. Cite no cases or statutes.*

- 1) Compensatory,
- 2) Punitive Damages,
- 3) Reasonable Attorneys Fees and Cost
- 4) Such other Relief Equitable Relief As This Court Deems Just.

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DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and accurate. Title 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at M.C.F.I on 08-06-20.
(Location) (Date)

Pearl Bruce
Your Signature